

2006 SCHOOL HEALTH PROFILE SCHOOL PRINCIPAL QUESTIONNAIRE

This questionnaire will be used to assess school health programs and policies across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

1. This questionnaire should be completed by the **principal** (or the person acting in that capacity) and concerns only activities that occur in the school listed below. Please consult with other people if you are not sure of an answer.
2. Please use a #2 pencil to fill in the answer circles completely. Do not fold, bend, or staple this questionnaire or mark outside the answer circles.
3. Follow the instructions for each question.
4. Write any additional comments you wish to make at the end of the questionnaire.
5. Return the questionnaire in the envelope provided.

Person completing this questionnaire

Name: _____
Title: _____
School name: _____
District: _____
Telephone number: _____

To be completed by the SEA or LEA conducting the survey

School name: _____

Survey ID			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

1. Are any of the following grades taught in this school? (Mark yes or no for each grade.)

Grade	Yes	No
a. 6.....	0.....	0
b. 7.....	0.....	0
c. 8.....	0.....	0
d. 9.....	0.....	0
e. 10.....	0.....	0
f. 11.....	0.....	0
g. 12.....	0.....	0

If you answered NO to all grades in Question 1, you are finished. Please return this questionnaire.

REQUIRED HEALTH EDUCATION

(Definition: Required health education is defined as instruction about health education topics such as injuries and violence, alcohol and other drug use, tobacco use, nutrition, HIV infection, and physical activity that students must receive for graduation or promotion from this school.)

2. Is health education required for students in any of grades 6 through 12 in this school? (Mark one response.)

- a. Yes
b. No ⇒ Skip to Question 7

3. Is required health education taught in each of the following ways to students in grades 6 through 12 in this school? (Mark yes or no for each method.)

Method	Yes	No
a. In a combined health education and physical education course.....	0.....	0
b. In a course mainly about another subject other than health education such as science, social studies, or English.....	0.....	0

REQUIRED HEALTH EDUCATION COURSE

(Definition: A required health education course is taught as a separate semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not health education units or lessons integrated into other subjects.)

4. How many required health education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → **Skip to Question 7**
- b. 1 course
- c. 2 courses
- d. 3 courses
- e. 4 or more courses

5. Is a required health education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

	Yes	No	Not Applicable (e.g., grade not taught in this school.)
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Grade

- | | | | | |
|----|---------|--------|--------|--------|
| a. | 6..... | 0..... | 0..... | 0..... |
| b. | 7..... | 0..... | 0..... | 0..... |
| c. | 8..... | 0..... | 0..... | 0..... |
| d. | 9..... | 0..... | 0..... | 0..... |
| e. | 10..... | 0..... | 0..... | 0..... |
| f. | 11..... | 0..... | 0..... | 0..... |
| g. | 12..... | 0..... | 0..... | 0..... |

6. If students fail a required health education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

HEALTH EDUCATION

7. **Who coordinates health education in this school?** (Mark one response.)
- a. No one coordinates health education in this school
 - b. District administrator
 - c. District health education or curriculum coordinator
 - d. School administrator
 - e. Health education teacher
 - f. School nurse
 - g. Someone else
8. **Are newly hired staff who teach health topics required to be certified, licensed, or endorsed by the state in health education?** (Mark one response.)
- a. Yes
 - b. No
 - c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in health education)
9. **Is there one or more than one group (e.g., a school health council, committee, or team) at this school that offers guidance on the development of policies or coordinates activities on health topics?** (Mark one response.)
- a. Yes
 - b. No

REQUIRED PHYSICAL EDUCATION

(Definition: Required physical education is defined as instruction that helps students develop the knowledge, attitudes, skills, and confidence needed to adopt and maintain a physically active lifestyle that students must receive for graduation or promotion from this school.)

10. **Is physical education required for students in any of grades 6 through 12 in this school?** (Mark one response.)
- a. Yes
 - b. No → skip to question 15

REQUIRED PHYSICAL EDUCATION COURSE

(Definition: A required physical education course is taught as a semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not physical activity units or lessons integrated into other subjects. It is not recess, intramural activities, physical activity clubs, or school sports.)

11. How many required physical education courses do students take in grades 6 through 12 in this school? (Mark one response.)

- a. 0 courses → skip to question 15
- b. 1 course
- c. 2 or 3 courses
- d. 4 or 5 courses
- e. 6 or 7 courses
- f. 8 or more courses

12. Is a required physical education course taught in each of the following grades in this school? (Mark yes, no, or not applicable for each grade.)

	Yes	No	Not Applicable (e.g., grade not taught in this school.)
Grade			
a. 6.....	0.....	0.....	0.....
b. 7.....	0.....	0.....	0.....
c. 8.....	0.....	0.....	0.....
d. 9.....	0.....	0.....	0.....
e. 10.....	0.....	0.....	0.....
f. 11.....	0.....	0.....	0.....
g. 12.....	0.....	0.....	0.....

13. Can students be exempted from taking a required physical education course for one grading period or longer for any of the following reasons? (Mark yes or no for each reason.)

Reason	Yes	No
a. Enrollment in other courses (i.e., math or science).....	0	0
b. Participation in school sports.....	0	0
c. Participation in other school activities (i.e., ROTC, band, or chorus).....	0	0
d. Participation in community sports activities.....	0	0
e. Religious reasons.....	0	0
f. Long-term physical or medical disability.....	0	0
g. Cognitive disability.....	0	0
h. High physical fitness competency test score.....	0	0
i. Participation in vocational training.....	0	0
j. Participation in community service activities.....	0	0

14. If students fail a required physical education course, are they required to repeat it? (Mark one response.)

- a. Yes
- b. No

PHYSICAL EDUCATION AND PHYSICAL ACTIVITY

15. Are newly hired staff who teach physical education required to be certified, licensed, or endorsed by the state in physical education? (Mark one response.)

- a. Yes
- b. No
- c. Not applicable (i.e., state does not offer certification, licensure, or endorsement in physical education)

16. Does this school offer opportunities for students to participate in intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No → Skip to question 18

17. Does this school provide transportation home for students who participate in after-school intramural activities or physical activity clubs? (Mark one response.)

- a. Yes
- b. No

18. Outside of school hours or when school is not in session, do children or adolescents use any of this school's physical activity or athletic facilities for community-sponsored sports teams, classes, or lessons? (Mark one response.)

- a. Yes
- b. No

19. Does your school support or promote walking or biking to and from school (e.g., through promotional activities, designating safe routes or preferred routes, or having storage facilities for bicycles and helmets)? (Mark one response.)

- a. Yes
- b. No

TOBACCO-USE PREVENTION POLICIES

20. Has this school adopted a policy prohibiting tobacco use? (Mark one response.)

- a. Yes
- b. No → Skip to Question 27

21. Does the tobacco-use prevention policy specifically prohibit use of each type of tobacco for each of the following groups during any school-related activity? (Mark yes or no for each type of tobacco for each group.)

Type of tobacco	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. Cigarettes	0	0	0	0	0	0
b. Smokeless tobacco (i.e., chewing tobacco, snuff, or dip)	0	0	0	0	0	0
c. Cigars	0	0	0	0	0	0
d. Pipes	0	0	0	0	0	0

22. Does the tobacco-use prevention policy specifically prohibit tobacco use during each of the following times for each of the following groups? (Mark yes or no for each time for each group.)

Time	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. During school hours	0	0	0	0	0	0
b. During non-school hours	0	0	0	0	0	0

23. Does the tobacco-use prevention policy specifically prohibit tobacco use in each of the following locations for each of the following groups? (Mark yes or no for each location for each group.)

Location	<u>Students</u>		<u>Faculty/Staff</u>		<u>Visitors</u>	
	Yes	No	Yes	No	Yes	No
a. In school buildings	0	0	0	0	0	0
b. Outside on school grounds, including parking lots and playing fields	0	0	0	0	0	0
c. On school buses or other vehicles used to transport students	0	0	0	0	0	0
d. At off-campus, school-sponsored events	0	0	0	0	0	0

24. Does your school have procedures to inform each of the following groups about the tobacco-use prevention policy that prohibits their use of tobacco? (Mark yes, no, or not applicable for each group.)

Group	Yes	No	Not Applicable
a. Students.....	0	0	0
b. Faculty and staff.....	0	0	0
c. Visitors.....	0	0	0

25. Does your school have procedures to inform students' families about rules related to tobacco use by students? (Mark one response.)

- a. Yes
- b. No
- c. Not applicable

26. When students are caught smoking cigarettes, how often are each of the following actions taken? (Mark one response for each action.)

		Never	Rarely	Sometimes	Always or almost always
Action					
a.	Parents or guardians are notified.....	0	0	0	0
b.	Referred to a school counselor.....	0	0	0	0
c.	Referred to a school administrator.....	0	0	0	0
d.	Encouraged, but not required, to participate in an assistance, education, or cessation program.....	0	0	0	0
e.	Required to participate in an assistance, education, or cessation program.....	0	0	0	0
f.	Referred to legal authorities.....	0	0	0	0
g.	Placed in detention.....	0	0	0	0
h.	Not allowed to participate in extra-curricular activities or interscholastic sports.....	0	0	0	0
i.	Given in-school suspension.....	0	0	0	0
j.	Suspended from school.....	0	0	0	0
k.	Expelled from school.....	0	0	0	0
l.	Reassigned to an alternative school....	0	0	0	0

27. Does your school provide referrals to tobacco cessation programs for each of the following groups? (Mark yes or no for each group.)

Group		Yes	No
a.	Faculty and staff.....	0	0
b.	Students.....	0	0

- 28. Is tobacco advertising prohibited in each of the following locations?** (Mark yes or no for each location.)

Location	Yes	No
a. In the school building.....	0	0
b. On school grounds including on the outside of the school building, on playing fields, or other areas of the campus.....	0	0
c. On school buses or other vehicles used to transport students	0	0
d. In school publications (e.g., newsletters, newspapers, web sites, or other school publications)	0	0

- 29. Is tobacco advertising through sponsorship of school events prohibited?** (Mark one response.)

- a. Yes
- b. No

- 30. Are students at your school prohibited from wearing tobacco brand-name apparel or carrying merchandise with tobacco company names, logos, or cartoon characters on it?** (Mark one response.)

- a. Yes
- b. No

- 31. Does your school post signs marking a tobacco-free school zone, that is, a specified distance from school grounds where tobacco use is not allowed?** (Mark one response.)

- a. Yes
- b. No

NUTRITION-RELATED POLICIES AND PRACTICES

- 32. How long do students usually have to eat lunch once they are seated?** (Mark one response.)

- a. Less than 20 minutes
- b. 20 minutes or more
- c. This school does not serve lunch to students

33. **Has this school adopted a policy stating that, if food is served at student parties, after-school or extended day programs, or concession stands, fruits or vegetables will be among the foods offered?** (Mark one response.)

- a. Yes
- b. No

34. **Can students purchase snack foods or beverages from one or more vending machines at the school or at a school store, canteen, or snack bar?** (Mark one response.)

- a. Yes
- b. No → **Skip to Question 37**

35. **Can students purchase each snack food or beverage from vending machines or at the school store, canteen, or snack bar?** (Mark yes or no for each food or beverage.)

Food/Beverage		Yes	No
a.	Chocolate candy.....	0	0
b.	Other kinds of candy.....	0	0
c.	Salty snacks that are not low in fat, such as regular potato chips.....	0	0
d.	Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips.....	0	0
e.	Fruits or vegetables, not juice.....	0	0
f.	Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods.....	0	0
g.	Soda pop or fruit drinks that are not 100% juice.....	0	0
h.	Sports drinks.....	0	0
i.	100% fruit juice or vegetable juice	0	0
j.	Bottled water.....	0	0
k.	1% or skim milk.....	0	0
l.	2% or whole milk (plain or flavored).....	0	0

36. **Can students purchase candy; snacks that are not low in fat; soda pop, sports drinks, or fruit drinks that are not 100% fruit juice; or 2% or whole milk during the following times?** (Mark yes or no for each time.)

Time	Yes	No
a. Before classes begin in the morning.....	0	0
b. During any school hours when meals are not being served.....	0	0
c. During school lunch periods.....	0	0

VIOLENCE PREVENTION

- 37. Has your school ever used the School Health Index from the Centers for Disease Control and Prevention to assess your school's health and safety policies and programs?** (Mark one response.)

- a. Yes
- b. No

- 38. Does your school implement each of the following safety and security measures?** (Mark yes or no for each measure.)

Measure	Yes	No
a. Require visitors to report to the main office or reception area upon arrival.....	0	0
b. Maintain a "closed campus" where students are not allowed to leave school during the school day, including during lunchtime... ..	0	0
c. Use staff or adult volunteers to monitor school halls during and between classes.....	0	0
d. Routinely conduct locker searches.....	0	0
e. Require students to wear school uniforms.....	0	0
f. Require students to wear identification badges.....	0	0
g. Use metal detectors, including wands.....	0	0
h. Use security or surveillance cameras, either inside or outside the building.....	0	0
i. Use police, school resource officers, or security guards during the regular school day.....	0	0

- 39. Does your school have or participate in each of the following programs?** (Mark yes or no for each program.)

Program	Yes	No
a. A peer mediation program.....	0	0
b. A safe-passages to school program.....	0	0
c. A program to prevent gang violence.....	0	0
d. A program to prevent bullying.....	0	0

- 40. Does your school have a comprehensive plan to address crisis preparedness, response, and recovery in the event of a natural disaster or other emergency or crisis situation?** (Mark one response.)

- a. Yes
- b. No

HEALTH SERVICES

41. Is there a school nurse who provides standard health services to students at this school? (Mark one response.)

- a. Yes
- b. No

42. At this school, would a student ever be permitted to carry and self-administer each of the following medications? (Mark yes or no for each medication.)

Medication	Yes	No
a. A prescription quick-relief inhaler.....	0	0
b. An epinephrine auto-injector (e.g., EpiPen ^R).....	0	0
c. Insulin or other injected medications.....	0	0
d. Any other prescribed medications.....	0	0
e. Any over-the-counter medications.....	0	0

43. Does your school provide each of the following health services to students at the school? (Mark yes or no for each activity.)

Activity	Yes	No
a. Identification or school-based management of chronic health conditions, such as asthma or diabetes.....	0	0
b. Identification or school-based management of acute illnesses.....	0	0
c. An Asthma Action Plan (or Individualized Health Plan) for all students with asthma.....	0	0
d. Immunizations.....	0	0
e. Assistance with enrolling in Medicaid or SCHIP (State Children's Health Insurance Program).....	0	0

HIV INFECTION POLICIES

44. Has this school adopted a policy on students and/or staff who have HIV infection or AIDS? (Mark one response.)

- a. Yes
- b. No ⇒ You are finished. Please return the questionnaire.

45. Does that policy address each of the following issues for students and/or staff with HIV infection or AIDS? (Mark yes or no for each issue.)

Issue		Yes	No
a.	Attendance of students with HIV infection	0	0
b.	Procedures to protect HIV-infected students and staff from discrimination.....	0	0
c.	Maintaining confidentiality of HIV-infected students and staff.....	0	0
d.	Worksite safety (i.e., universal precautions for all school staff).....	0	0
e.	Confidential counseling for HIV-infected students.....	0	0
f.	Communication of the policy to students, school staff, and parents.....	0	0
g.	Adequate training about HIV infection for school staff.....	0	0
h.	Procedures for implementing the policy.....	0	0

Thank you for your responses. Please return this questionnaire.

COMMENTS

**2006 SCHOOL HEALTH PROFILE
LEAD HEALTH EDUCATION TEACHER QUESTIONNAIRE**

This questionnaire will be used to assess school health education across your state or school district. Your cooperation is essential for making the results of this survey comprehensive, accurate, and timely. Your answers will be kept confidential.

INSTRUCTIONS

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0	0	0	0
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9	9	9	9

REQUIRED HEALTH EDUCATION COURSES

(Definition: A required health education course is taught as a separate semester-, quarter-, or year-long unit of instruction for which the student receives credit. It is not health education units or lessons integrated into other subjects.)

1. Is a required health education course taught for students in any of grades 6 through 12 in this school? (Mark one response.)

- a. Yes
- b. No → Skip to Question 12

2. Are teachers in this school required to use each of the following materials in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each type of material.)

Material	Yes	No
a. The National Health Education Standards.....	0	0
b. The Health Education Curriculum Analysis Tool (HECAT) from the Centers for Disease Control and Prevention.....	0	0
c. Any state-, district-, or school-developed curriculum.....	0	0
d. A commercially-developed curriculum.....	0	0
e. A commercially-developed student textbook.....	0	0
f. A commercially-developed teacher's guide.....	0	0
g. Health education performance assessment materials.....	0	0
h. Any materials from health organizations, such as the American Heart Association or the American Cancer Society.....	0	0

3. **During this school year, have teachers in this school tried to increase student knowledge on each of the following topics in a required health education course in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Alcohol or other drug use prevention.....	0	0
b. Asthma awareness.....	0	0
c. Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d. Cardiopulmonary resuscitation (CPR).....	0	0
e. Dental and oral health.....	0	0
f. Emotional and mental health.....	0	0
g. Environmental health, such as how air and water quality can affect health.....	0	0
h. First aid.....	0	0
i. Foodborne illness prevention.....	0	0
j. Growth and development.....	0	0
k. HIV (human immunodeficiency virus) prevention.....	0	0
l. Human sexuality.....	0	0
m. Immunizations.....	0	0
n. Injury prevention and safety.....	0	0
o. Nutrition and dietary behavior.....	0	0
p. Physical activity and fitness.....	0	0
q. Pregnancy prevention.....	0	0
r. STD (sexually transmitted disease) prevention.....	0	0
s. Suicide prevention.....	0	0
t. Sun safety or skin cancer prevention.....	0	0
u. Tobacco-use prevention.....	0	0
v. Violence prevention (such as bullying, fighting, or homicide).....	0	0

4. During this school year, have teachers in this school tried to improve each of the following student skills in a required health education course in any of grades 6 through 12? (Mark yes or no for each skill.)

Skill	Yes	No
a. How to find valid information or services related to personal health and wellness.....	0	0
b. Influence of media on personal health and wellness.....	0	0
c. Communication skills, such as how to ask for assistance with a health-related problem.....	0	0
d. Decision-making skills, such as deciding to get appropriate health screenings and exams	0	0
e. Goal-setting skills, such as setting a goal for improving personal health habits.....	0	0
f. Conflict resolution skills, such as techniques to resolve interpersonal conflicts without fighting.....	0	0
g. Resisting peer pressure to engage in unhealthy behavior related to personal health and wellness	0	0

5. During this school year, how often have teachers in this school used each of the following teaching methods in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching Method	Never	Rarely	Sometimes	Almost always or always
a. Audio-visual media, such as videos.....	0	0	0	0
b. Group discussions.....	0	0	0	0
c. Cooperative group activities.....	0	0	0	0
d. Role play, simulations, or practice.....	0	0	0	0
e. Language, performing, or visual arts.....	0	0	0	0
f. Pledges or contracts for changing behavior or abstaining from a behavior...	0	0	0	0
g. Peer teaching.....	0	0	0	0
h. The Internet.....	0	0	0	0
i. Computer-assisted instruction.....	0	0	0	0
j. Guest speakers.....	0	0	0	0
k. Health education programs available through videoconferencing or other distance learning methods.....	0	0	0	0

6. During this school year, have teachers in this school used each of the following teaching methods to highlight diversity or the values of various cultures in a required health education course in any of grades 6 through 12? (Mark yes or no for each teaching method.)

Teaching method	Yes	No
a. Use textbooks or curricular materials reflective of various cultures.....	0	0
b. Use textbooks or curricular materials designed for students with limited English proficiency.....	0	0
c. Ask students or families to share their own cultural experiences related to health topics.....	0	0
d. Teach about cultural differences and similarities.....	0	0
e. Modify teaching methods to match students' learning styles, health beliefs, or cultural values.....	0	0

7. During this school year, have teachers in this school asked students to participate in each of the following activities as part of a required health education course in any of grades 6 through 12? (Mark yes or no for each activity.)

Activity	Yes	No
a. Perform volunteer work at a hospital, a local health department, or any other local organization that addresses health issues.....	0	0
b. Participate in or attend a community health fair.....	0	0
c. Gather information about health services that are available in the community, such as health screenings.....	0	0
d. Visit a store to compare prices of health products.....	0	0
e. Identify potential injury sites at school, home, or in the community.....	0	0
f. Identify advertising in the community designed to influence health behaviors	0	0
g. Advocate for a health-related issue.....	0	0
h. Complete homework or projects that involve family members	0	0

8. **During this school year, did teachers in this school teach each of the following tobacco-use prevention topics in a required health education course for students in any of grades 6 through 12?** (Mark yes or no for each topic.)

Topic	Yes	No
a. Short- and long-term health consequences of cigarette smoking (such as stained teeth, bad breath, heart disease, and cancer).....	0	0
b. Benefits of not smoking cigarettes (including long- and short-term health benefits, social benefits, environmental benefits, and financial benefits).....	0	0
c. Short- and long-term health consequences of cigar smoking.....	0	0
d. Short- and long-term health consequences of using smokeless tobacco.....	0	0
e. Benefits of not using smokeless tobacco.....	0	0
f. Addictive effects of nicotine in tobacco products.....	0	0
g. How many young people use tobacco.....	0	0
h. Influence of families on tobacco use.....	0	0
i. Influence of the media on tobacco use.....	0	0
j. Social or cultural influences on tobacco use.....	0	0
k. How to find valid information or services related to tobacco-use prevention or cessation.....	0	0
l. Making a personal commitment not to use tobacco.....	0	0
m. How students can influence or support others to prevent tobacco use	0	0
n. How students can influence or support others in efforts to quit using tobacco.....	0	0
o. Resisting peer pressure to use tobacco.....	0	0
p. The health effects of environmental tobacco smoke (ETS) or second-hand smoke.....	0	0

9. **During this school year, did teachers in this school teach each of the following pregnancy, HIV, or STD prevention topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. Abstinence as the most effective method to avoid pregnancy, HIV, and STDs.....	0	0
b. How to correctly use a condom.....	0	0
c. Condom efficacy, that is, how well condoms work and do not work.....	0	0
d. Risks associated with having multiple sexual partners.....	0	0
e. Social or cultural influences on sexual behavior.....	0	0
f. How to prevent HIV infection.....	0	0
g. How HIV is transmitted.....	0	0
h. How HIV affects the human body.....	0	0
i. Influence of alcohol and other drugs on HIV-related risk behaviors.....	0	0
j. How to find valid information or services related to HIV or HIV testing.....	0	0
k. Compassion for persons living with HIV or AIDS.....	0	0

10. **During this school year, did teachers in this school teach each of the following nutrition and dietary topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)**

Topic	Yes	No
a. The benefits of healthy eating.....	0	0
b. Food guidance using MyPyramid	0	0
c. Using food labels.....	0	0
d. Balancing food intake and physical activity.....	0	0
e. Eating more fruits, vegetables, and grain products.....	0	0
f. Choosing foods that are low in fat, saturated fat, and cholesterol	0	0
g. Using sugars in moderation.....	0	0
h. Using salt and sodium in moderation.....	0	0
i. Eating more calcium-rich foods.....	0	0
j. Food safety.....	0	0
k. Preparing healthy meals and snacks.....	0	0
l. Risks of unhealthy weight control practices.....	0	0
m. Accepting body size differences.....	0	0
n. Eating disorders.....	0	0

11. During this school year, did teachers in this school teach each of the following physical activity topics in a required health education course for students in any of grades 6 through 12? (Mark yes or no for each topic.)

Topic	Yes	No
a. The physical, psychological, or social benefits of physical activity.....	0	0
b. Health-related fitness (i.e., cardiovascular endurance, muscular endurance, muscular strength, flexibility, and body composition).....	0	0
c. The difference between physical activity, exercise, and fitness.....	0	0
d. Phases of a workout (i.e., warm-up, workout, and cool down).....	0	0
e. How much physical activity is enough (i.e., determining frequency, intensity, time, and type of physical activity).....	0	0
f. Developing an individualized physical activity plan.....	0	0
g. Monitoring progress toward reaching goals in an individualized physical activity plan.....	0	0
h. Overcoming barriers to physical activity.....	0	0
i. Decreasing sedentary activities such as television watching.....	0	0
j. Opportunities for physical activity in the community.....	0	0
k. Preventing injury during physical activity.....	0	0
l. Weather-related safety (e.g., avoiding heat stroke, hypothermia, and sunburn while physically active).....	0	0
m. Dangers of using performance-enhancing drugs, such as steroids.....	0	0

HIV PREVENTION

12. Are required HIV prevention units or lessons taught in each of the following courses in this school? (Mark yes or no for each course.)

Topic	Yes	No
a. Science.....	0	0
b. Home economics or family and consumer education.....	0	0
c. Physical education.....	0	0
d. Family life education or life skills.....	0	0
e. Special education.....	0	0
f. Social studies.....	0	0

COLLABORATION

- 13. During this school year, have any health education staff worked with each of the following groups on health education activities?** (Mark yes or no for each group.)

Group	Yes	No
a. Physical education staff.....	0	0
b. School health services staff (e.g., nurses).....	0	0
c. School mental health or social services staff (e.g., psychologists, counselors, and social workers).....	0	0
d. Nutrition or food service staff.....	0	0

- 14. During this school year, has this school done each of the following activities?** (Mark yes or no for each activity.)

Activity	Yes	No
a. Provided families with information on school health education	0	0
b. Met with a parents' organization such as the PTA to discuss school health education	0	0
c. Invited family members to attend health education classes.....	0	0

STAFF DEVELOPMENT

15. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following health education topics? (Mark yes or no for each topic.)

Topic	Yes	No
a. Alcohol or other drug use prevention.....	0	0
b. Asthma awareness.....	0	0
c. Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d. Cardiopulmonary resuscitation (CPR).....	0	0
e. Dental and oral health.....	0	0
f. Emotional and mental health.....	0	0
g. Environmental health, such as how air and water quality can affect health.....	0	0
h. First aid.....	0	0
i. Foodborne illness prevention.....	0	0
j. Growth and development.....	0	0
k. HIV (human immunodeficiency virus) prevention.....	0	0
l. Human sexuality.....	0	0
m. Immunizations.....	0	0
n. Injury prevention and safety.....	0	0
o. Nutrition and dietary behavior.....	0	0
p. Physical activity and fitness.....	0	0
q. Pregnancy prevention.....	0	0
r. STD (sexually transmitted disease) prevention.....	0	0
s. Suicide prevention.....	0	0
t. Sun safety or skin cancer prevention.....	0	0
u. Tobacco-use prevention.....	0	0
v. Violence prevention (such as bullying, fighting, or homicide).....	0	0

16. Would you like to receive staff development on each of these health education topics? (Mark yes or no for each topic.)

Topic		Yes	No
a.	Alcohol or other drug use prevention.....	0	0
b.	Asthma awareness.....	0	0
c.	Consumer health, such as choosing sources of health-related information, products, and services wisely.....	0	0
d.	Cardiopulmonary resuscitation (CPR).....	0	0
e.	Dental and oral health.....	0	0
f.	Emotional and mental health.....	0	0
g.	Environmental health, such as how air and water quality can affect health.....	0	0
h.	First aid.....	0	0
i.	Foodborne illness prevention.....	0	0
j.	Growth and development.....	0	0
k.	HIV (human immunodeficiency virus) prevention.....	0	0
l.	Human sexuality.....	0	0
m.	Immunizations.....	0	0
n.	Injury prevention and safety.....	0	0
o.	Nutrition and dietary behavior.....	0	0
p.	Physical activity and fitness.....	0	0
q.	Pregnancy prevention.....	0	0
r.	STD (sexually transmitted disease) prevention.....	0	0
s.	Suicide prevention.....	0	0
t.	Sun safety or skin cancer prevention.....	0	0
u.	Tobacco-use prevention.....	0	0
v.	Violence prevention (such as bullying, fighting, or homicide).....	0	0

17. During the past two years, did you receive staff development (such as workshops, conferences, continuing education, or any other kind of in-service) on each of the following topics? (Mark yes or no for each teaching topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities.....	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Using interactive teaching methods such as role plays or cooperative group activities	0	0
e. Encouraging family or community involvement	0	0
f. Teaching skills for behavior change	0	0
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management...	0	0
h. Assessing or evaluating students in health education....	0	0

18. Would you like to receive staff development on each of these topics? (Mark yes or no for each teaching topic.)

Topic	Yes	No
a. Teaching students with physical, medical, or cognitive disabilities.....	0	0
b. Teaching students of various cultural backgrounds.....	0	0
c. Teaching students with limited English proficiency.....	0	0
d. Using interactive teaching methods such as role plays or cooperative group activities	0	0
e. Encouraging family or community involvement	0	0
f. Teaching skills for behavior change	0	0
g. Classroom management techniques, such as social skills training, environmental modification, conflict resolution and mediation, and behavior management...	0	0
h. Assessing or evaluating students in health education....	0	0

PROFESSIONAL PREPARATION

- 19. What was the major emphasis of your professional preparation? (Mark one response.)**
- a. Health and physical education combined
 - b. Health education
 - c. Physical education
 - d. Other education degree
 - e. Kinesiology, exercise science, or exercise physiology
 - f. Home economics or family and consumer science
 - g. Biology or other science
 - h. Nursing
 - i. Counseling
 - j. Public health
 - k. Nutrition
 - l. Other
- 20. Currently, are you certified, licensed, or endorsed by the state to teach health education in middle/junior high school or senior high school?**
- a. Yes
 - b. No
- 21. Including this school year, how many years of experience do you have teaching health education classes or topics? (Mark one response.)**
- a. 1 year
 - b. 2 to 5 years
 - c. 6 to 9 years
 - d. 10 to 14 years
 - e. 15 years or more

Thank you for your responses. Please return this questionnaire.

COMMENTS
